Please type a plus sign (+) inside this box → [+]

PTO/SB/29 (12/97)
Approved for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERGE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL

Submit an original, and a duplicate for fee processing. (Only for Continuation or Divisional applications under 37 CFR 1.53(d)) CHECK BOX, if applic DUPLICATE

Attorney Docket No. FORS-03213 Address to: **Assistant Commissioner for Patents** Mary Ann Brow et al. First Named Inventor **Box CPA** Express Mail Label No. Washington, DC 20231 EM121692260US 4 Total Pages divisional application under 37 CFR 1.53(d), Continuation or This is a request for a (continued prosecution application (CPA)) of prior application number 08 / 520, 946 entitled Rapid Detection and Identification of Pathogens **NOTES** FILING QUALIFICATIONS: The prior application identified above must be a nonprovisional application that is either: (1) complete as defined by 37 CFR 1.51(b) and filed on or after June 8, 1995, or (2) the national stage of an international application in compliance with 35 U.S.C. 371 and filed on or after June 8, 1995. C-I-P NOT PERMITTED: A continuation-in-part application cannot be filed as a CPA under 37 CFR 1.53(d), but must be filed under 37 CFR 1.53(b). EXPRESS ABANDONMENT OF PRIOR APPLICATION: The filing of this CPA is a request to expressly abandon the prior application as of the filing date of the request for a CPA. 37 CFR 1.53(b) must be used to file a continuation, divisional, or continuation-in-part of an application that is not to be abandoned. ACCESS TO PRIOR APPLICATION: The filling of this CPA will be construed to include a waiver of confidentiality by the applicant under 35 U.S.C. 122 to the extent that any member of the public who is entitled under the provisions of 37 CFR 1.14 to access to, copies of, or information concerning, the prior application may be given similar access to, copies of, or similar information concerning, the other application or applications in the file jacket. 35 U.S.C. 120 STATEMENT: In a CPA, no reference to the prior application is needed in the first sentence of the specification and none should be submitted. If a sentence referencing the prior application is submitted, it will not be entered. A request for a CPA is the specific reference required by 35 U.S.C. 120 and to every

[Dece 1 of 2]	
b. Copies of IDS Citations	
a. 🔲 PTO-1449	
Information Disclosure Statement (IDS) is enclosed:	
4. A new power of attorney or authorization of agent (PTO)	SB/81) is enclosed.
b. The inventor(s) to be deleted are set forth on a sepa	
S CONTROL 100002252 PERIOD Wing inventor(s) named in the prio	nonprovisional application:
3. This application is filed by fewer than all the inventors name	d in the prior application, 37 CFR 1.53 (d)(4).
2. A preliminary amendment is enclosed.	511.
Enter the unentered amendment previously filed on under 37 CFR 1.116 in the prior nonprovisional application.	on .
The state of the state primer in the case of the first of the state of	
application assigned the application number identified in such rec	uest, 37 CFR 1.78(a).

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.

PTO/SB/29 (12/97)
Approved for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TOTAL CLAMS (37 CFR 1.16(a)) 52 -20 32		CLAIMS	(1) FOR	(2) NUMBER FILE	D	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
CLAIMS(at CFR 1.16(b)) 3 -3 = 0				<i>5</i> 2 -20	=	32	x\$ <u>22.00</u> =	\$ 704.00
BASIC FEE (37 CFR 1.16(4)) 790.00 Total of above Calculations = 1494.00 Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28). 747.00 TOTAL = 747.00 Small entity statement is enclosed. Small entity statement is enclosed. Is no longer claimed.			1	<i>3</i> -3	=	0	x \$ <u>80.00</u> =	0.00
Total of above Calculations = 1/4 / 4.00 Reduction by 50% for filling by small entity (Note 37 CFR 1.9, 1.27, 1.28). 7/47.00 TOTAL = 7/47.00 TOTAL = 7/47.00 A small entity statement is enclosed.			MULTIPLE DEPENDE	ENT CLAIMS (if app	licable)) (37 CFR 1.16(d))	+ \$=	0.00
Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28). TOTAL								790.00
TOTAL = 747.00 6. Small entity status: a.						Total of at	ove Calculations =	1494.00
6. Small entity status: a. A small entity statement is enclosed. b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired. c. Is no longer claimed. 7. The Commissioner is hereby authorized to credit overpayments or chargethe following fees to Deposit Account No. 08 - 12.90 a. Fees required under 37 CFR 1.16. b. Fees required under 37 CFR 1.17. c. Fees required under 37 CFR 1.18. 8. A check in the amount of \$ 747.00 is enclosed. 9. Other: 770. Post and a Copy of Extension of Time Request NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 10. NEW CORRESPONDENCE ADDRESS Gustomer Number or Bar Code Label Or New correspondence address below (Insent Customer No. or Attach bar code label here)			Reduction by	50% for filing by sn	all enti	ity (Note 37 CFR 1.9, 1.	27, 1.28).	747.00
a. A small entity statement is enclosed. b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired. c. Is no longer claimed. 7. The Commissioner is hereby authorized to credit overpayments or chargethe following fees to to Deposit Account No. 08 - 1290 a. Fees required under 37 CFR 1.16. b. Fees required under 37 CFR 1.17. c. Fees required under 37 CFR 1.18. 8. A check in the amount of \$ 747.00 is enclosed. 9. Other: \$170.Post and copy of Extension of Time Request NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 10. NEW CORRESPONDENCE ADDRESS Name New correspondence address below Insert Customer No. or Attach bar code label here) New correspondence address below Insert Customer No. or Attach bar code label here)							TOTAL =	747.00
b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired. c. Is no longer claimed. 7. The Commissioner is hereby authorized to credit overpayments or chargethe following fees to to Deposit Account No. 08 - 1290 a. Fees required under 37 CFR 1.16. b. Fees required under 37 CFR 1.17. c. Fees required under 37 CFR 1.18. 8. A check in the amount of \$ 747.00 is enclosed. 9. Other: 7.To. Pest and Copy of Extension of Time Request NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 10. NEW CORRESPONDENCE ADDRESS Outline of the correspondence address is provided below. New correspondence address below	6		-					
7. The Commissioner is hereby authorized to credit overpayments or chargethe following fees to 10 Deposit Account No. 08 - 1290 a. Fees required under 37 CFR 1.16. b. Fees required under 37 CFR 1.17. c. Fees required under 37 CFR 1.18. 8. A check in the amount of \$ 747.00 is enclosed. 9. Other: 7TD Post Cardo. Copy of Extension of 17 me Request NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 10. NEW CORRESPONDENCE ADDRESS Customer Number or Bar Code Label Or New correspondence address below (Insert Customer No. or Attach bar code label here)						ior nonprovisional a	nnlication	
7. The Commissioner is hereby authorized to credit overpayments or chargethe following fees to 10 Deposit Account No. 08 - 1290 a					esired.		pplication	
Deposit Account No. 08 - 1290 a. Fees required under 37 CFR 1.16. b. Fees required under 37 CFR 1.17. c. Fees required under 37 CFR 1.18. 8. A check in the amount of \$ 747.00 is enclosed. 9. Other: 7TD Post and Copy of Extension of Time Request NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 10. NEW CORRESPONDENCE ADDRESS Customer Number or Bar Code Label Or New correspondence address below (Insert Customer No. or Attach bar code label here)	_		•				e	
a. Fees required under 37 CFR 1.16. b. Fees required under 37 CFR 1.17. c. Fees required under 37 CFR 1.18. 8. A check in the amount of \$ 747.00 is enclosed. 9. Other: 7TD Post Cand Copy of Extension of Time Request NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 10. NEW CORRESPONDENCE ADDRESS Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)	7	The Co	ommissioner is herel it Account No. 08	oy authorized to	credit	overpayments or cl	nargexthe tellew	ring fees to 70
b. Fees required under 37 CFR 1.17. c. Fees required under 37 CFR 1.18. 8. A check in the amount of \$ 747.00 is enclosed. 9. Other: 17D Post and Copy of Extension of 17 mc Request NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 10. NEW CORRESPONDENCE ADDRESS Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) NAME		<u> </u>			·			
C. Fees required under 37 CFR 1.18. 8. A check in the amount of \$ 747.00 is enclosed. 9. Other: ?TO Post cand. Copy of Extension of Time Request NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 10. NEW CORRESPONDENCE ADDRESS Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) NAME			•					
8. A check in the amount of \$ 747.00 is enclosed. 9. Other: 7TD Post cand Copy of Extension of Time Request NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 10. NEW CORRESPONDENCE ADDRESS Customer Number or Bar Code Label		_	•					
9. Other: Proficered. Copy of Extension of Time Request NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 10. NEW CORRESPONDENCE ADDRESS Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)	8		•)	is enclosed.		
NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below. 10. NEW CORRESPONDENCE ADDRESS Customer Number or Bar Code Label								
UNLESS a new correspondence address is provided below. 10. NEW CORRESPONDENCE ADDRESS Or New correspondence address below (Insert Customer No. or Attach bar code label here)		سنوا	Copy of Ex	tension of Ti	me	Request		•••••
UNLESS a new correspondence address is provided below. 10. NEW CORRESPONDENCE ADDRESS Or New correspondence address below (Insert Customer No. or Attach bar code label here)		2.5						44 - 30 6 6
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) NAME		<u>VOTE:</u>) MIS CHA
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) NAME	5.Dr					Palling St. 19. December 2016 - Tributt 2000 - 1	e s 182 13.02.	
(Insert Customer No. or Attach bar code label here) NAME			<u>.</u> .	10. NEW CORR	ESPO	NDENCE ADDRESS	3	
(Insert Customer No. or Attach bar code label here) NAME				:		:		
(Insert Customer No. or Attach bar code label here) NAME	Customer Number or Bar Code Label : : or ☐ New correspondence address below							
NAME	_			:		:		
	N.	AME .						
ADDRESS								
, boneo	ADDRESS							
CITY STATE ZIP CODE	C	ПΥ		s	TATE		ZIP CODE	
COUNTRY TELEPHONE FAX	С	OUNTRY		TELEF	PHONE		FAX	

11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED					
NAME	KAMEIN MACKNIGHT				
SIGNATURE					
DATE	15 January 1998				